

Bestellschein für ein DVB – Abonnement

Für eine Abo-Karte im Tarif des Verkehrsverbundes Oberelbe



DVB AG Kundenzentrum · Postplatz 1 · 01067 Dresden
E-Mail: abo@dvbag.de · Telefon: 0351 857-1011 · www.dvb.de

Gültigkeitsbeginn 0 1 . [] [] . 2 0 [] []

Abo-Nummer [] [] [] [] [] [] / [] []
wird von DVB AG ausgefüllt

Fahrkartenvariante

Übertragbare Zeitkarten

- Abo-Monatskarte 9-Uhr-Abo-Monatskarte

Personengebundene Zeitkarten

- Abo-Monatskarte ermäßigt Bildungsticket (nur in Verbindung mit Bescheinigung zur Ermäßigungsberechtigung)
 AzubiTicket Sachsen AzubiTicket Sachsen Freiwillingendienstleistende AzubiTicket Sachsen länderübergr. Fachklassen

Zahlweise

- monatlicher Einzug zum 10. des Monats jährlicher Einzug zum 10. des ersten Nutzungsmonats

Preisstufe und Fahrbereich

- A1 Tarifzone Dresden A Tarifzone [] [] [] []
 A Grenzraum Tarifzone [] [] [] [] und Tarifzone [] [] [] []
 B Tarifzone [] [] [] [] und Tarifzone [] [] [] []
 C Tarifzone [] [] [] [] und alle umliegenden Tarifzonen
 Verbundraum

für Personengebundene Zeitkarten

Starthaltestelle (Wohnort) [] [] [] [] [] [] [] [] [] [] Zielhaltestelle (Schule/Ausbildungsst.) [] [] [] [] [] [] [] [] [] [] Fahrweg über [] [] [] [] [] [] [] [] [] []

für alle AzubiTicket Sachsen Produkte mit Zusatzverbund

- ZVON VMS MDV VVV

Nutzer des Abonnements (Vertragspartner)

Frau Herr d Vorname [] [] [] [] [] [] [] [] [] [] Name [] [] [] [] [] [] [] [] [] [] Geburtsdatum (Tag/Monat/Jahr) [] [] [] [] [] [] [] [] [] []
Straße [] [] [] [] [] [] [] [] [] [] Hausnummer [] [] [] [] [] [] [] [] [] [] Telefon [] [] [] [] [] [] [] [] [] []
PLZ [] [] [] [] [] [] [] [] [] [] Ort [] [] [] [] [] [] [] [] [] [] E-Mail* [] [] [] [] [] [] [] [] [] []

Zahler des Abonnements

- ist der Vertragspartner ist nicht der Vertragspartner Zahler-Nr. [] [] [] [] [] [] [] [] [] []
wird von DVB AG ausgefüllt

Frau Herr d Vorname [] [] [] [] [] [] [] [] [] [] Name [] [] [] [] [] [] [] [] [] [] Geburtsdatum (Tag/Monat/Jahr) [] [] [] [] [] [] [] [] [] []
Straße [] [] [] [] [] [] [] [] [] [] Hausnummer [] [] [] [] [] [] [] [] [] [] Telefon* [] [] [] [] [] [] [] [] [] []
PLZ [] [] [] [] [] [] [] [] [] [] Ort [] [] [] [] [] [] [] [] [] [] E-Mail* [] [] [] [] [] [] [] [] [] []

Gesetzlicher Vertreter (insbesondere bei mind. Abonnements oder im Betreuungsverhältnis)

- ist der Zahler ist nicht der Zahler Versandkunde

Frau Herr d Vorname [] [] [] [] [] [] [] [] [] [] Name [] [] [] [] [] [] [] [] [] [] Geburtsdatum (Tag/Monat/Jahr) [] [] [] [] [] [] [] [] [] []
Straße [] [] [] [] [] [] [] [] [] [] Hausnummer [] [] [] [] [] [] [] [] [] [] Telefon* [] [] [] [] [] [] [] [] [] []
PLZ [] [] [] [] [] [] [] [] [] [] Ort [] [] [] [] [] [] [] [] [] [] E-Mail* [] [] [] [] [] [] [] [] [] []

*diese Angaben sind freiwillig und dienen der Kontaktaufnahme im Rahmen des Abonnements

